

**FIGURE 4 - 1**  
**MEDICAL RECOMMENDATION FOR FLYING DUTY**

<b>This form is subject to the Privacy Act Statement of 1974</b>			
To:		From:	
1. Name: <i>(Last, First, Middle Initial)</i>		2. SSN:	3. Grade:
			4. DOB:
5. Unit:		6. Type of Flying Duty Performed:	
<b>SECTION A - A QUALIFYING ACTION RECOMMENDATION BY MEDICAL AUTHORITY</b>			
7. Medical clearance is recommended for the following reason(s): <i>(Check one or more)</i>			
a. <input type="checkbox"/> Termination of Temporary Medical Suspension		e. <input type="checkbox"/> Termination of Medical Disqualification	
b. <input type="checkbox"/> Medical Examination		f. <input type="checkbox"/> Pending Issues of Waiver for Medical Disqualification	
c. <input type="checkbox"/> Reporting to New Duty Station		g. <input type="checkbox"/> Issue of Waiver for Medical Disqualification	
d. <input type="checkbox"/> After Aircraft Mishap		h. <input type="checkbox"/> Other <i>(Explain under remarks)</i>	
8. Required to wear glasses while flying or other duties requiring corrective visual acuity. <i>(Contact lenses are prohibited unless specifically authorized).</i> <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Effective Date:	10. Date Clearance Expires:
<b>SECTION B - DISQUALIFYING ACTION RECOMMENDATION BY MEDICAL AUTHORITY</b>			
11. The following action is recommended:			
a. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION			
b. <input type="checkbox"/> TEMPORARY MEDICAL SUSPENSION FOLLOWING A/C MISHAP			
c. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION			
d. <input type="checkbox"/> PERMANENT MEDICAL DISQUALIFICATION FOLLOWING A/C MISHAP			
e. <input type="checkbox"/> OTHER <i>(Explain under remarks)</i>			
12. Estimated duration of incapacity to fly:		13. Effective Date:	
14. Remarks:			
15. While in a duty not involving flying status:			
Simulator Duties Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No		Ground Runup Duties Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
16. Typed Name and Grade of Flight Surgeon:		17. Flight Surgeon Signature:	18. Date
<b>SECTION C - CERTIFIED BY AIRCREW MEMBER</b>			
19. I certify that I have been notified of the recommendation(s) above and understand that I <input type="checkbox"/> may or <input type="checkbox"/> may not perform aviation duties as of this date: _____			
Members Signature: _____			
<b>SECTION D - ACTION TAKEN BY COMMANDER</b>			
20. The Medical Recommendation is: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved			
21. Typed Name and Title of Commander:		22. Commander's Signature:	23. Date: